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Application Number	10/810,237
Filing Date	03/26/2004
First Named Inventor	Banet
Title	CUFFLESS BLOOD PRESSURE...
Art Unit	3736
Examiner Name	NATNITHITHADHA, N.
Attorney Docket Number	A-0005

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Matthew J. Banet</i>	Date	10-03-05
Name	Matthew J. Banet	Telephone	858-427-4620
Title and Company	Triage Wireless, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

1 *Total of 1 forms are submitted.

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